## EXHIBIT C

adifficant dis	Case 6	06-10725-gwz Doc 8	PR	DOF OF CLAIM	:00 Page	e 3 of 11		
Nar	ne of Debtor		Case N	umber				
•	JSA Commercial Mo	ortgage Company	06-10	725-LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an				Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROWER			
Name of Creditor and Address:    11321242033738				to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTE! ONE OF THE DE If you have all Bankruptcy Court	ready filed a proof of claim with the tor BMC, you do not need to file again		
	litor Telephone Number (			Count	THIS SPAC	THIS SPACE IS FOR COURT USE ONLY		
Last	four digits of account or g	other number by which creditor id	entifies debtor	Check here replain or amer	a previousi	y filed claim dated		
	ASIS FOR CLAIM Goods sold Services performed Money loaned	Personal injury/wrongful deal Taxes Other (describe briefly)	Wages,	benefits as defined in 11 U S salaries and compensation ( ir digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances)		
2 D	ATE DEBT WAS INCUR	RED	3 IF (	COURT JUDGMENT, DATE C	BTAINED	(date) (date)		
4 C		AIM Check the appropriate box or b		ribe your claim and state the amo		the time case filed		
UN		TY CLAIM \$ s no collateral or lien securing your claid operty securing it, or if c) none or only		a right of setoff)		ired by collateral (including		
UNS	SECURED PRIORITY CL			Brief description of Real Estate		Other		
	entitled to priority	an unsecured claim, all or part of which	h is	Value of Collateral		J Cutel		
	Amount entitled to pnority	\$ 		Amount of arrearage as secured claim, if any	nd other charges	at time case filed included in		
	Specify the priority of the cla Domestic support obligation	aim is under 11 U.S.C. § 507(a)(1)(A) or (a	a)(1)(B) [	Up to \$2 225* of deposits town				
	Wages salanes, or commis	sions (up to \$10 000)* earned within cy petition or cessation of the debtor's	180 days	services for personal family of Taxes or penalties owed to go	or household use -	11 USC § 507(a)(7)		
		ee benefit plan - 11 U S C § 507(a)(5)	, [	Other - Specify applicable pane * Amounts are subject to adjus- with respect to cases commen	stment on 4/1/07 a	nd every 3 years thereafter		
	OTAL AMOUNT OF CLA AT TIME CASE FILED	IM \$	\$	\$		\$		
		(unsecured) udes interest or other charges in add		(secured) I amount of the claim Attach ite	( pnonty) mized statement (	(Total)  of all interest or additional charges		
7 S	running accounts, contracts, court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this							
	roof of claim	pleted proof of claim form must	he cont hu med	or hand delinered /PAVPA &	IOT			
f.	ACCEPTED) so that it is or each person or entity rovernmental units)	actually received on or before to including individuals, partners	5 00 pm, prevaili ships, corporation	ng Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY		
F	Y MAIL TO BMC Group attn USACM Claims Dock O Box 911 El Segundo, CA 90245-09		BMC Gro Attn US 1330 Ea	ACM Claims Docketing Centers  St Franklin Avenue		ILED OCT 0 4 2006		
DAT		SIGN and print the name and title if a this claim (attach copy of power	any of the creditor or of attorney if any)	ndo, CA 90245  or other person authorized to file  ORO BARROSO		USA CMC 1072500316		

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC \$\$ 152 AND 3571 SEE NEXT PACE

702 876 4184

## **EORM B10** (Official Form 10) (10/05)

Official Form 10) (10/05)							
United States Bankrupicy Court	DISTRICT OF NEW RECEIPED AND FILED						
Name of Debtor	Case Number						
USA Commence Me Lyage Co	BK-5-06-10725-LBROW						
Note This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC \$ 503							
Name of Creditor (The person or other entity to whom the debtor owes money or property)  The Chiappette Trust  Pat + Jeann Chiappette, TTEE  Name and address where notices should be sent	Check box if you have hevel received any						
Jeanne Chepetter 70-13 Cincula Dr Sporks NU 89436 Telephone number 775-35-1-1317	notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court  This Stact is him Court Usi Only						
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed claim dated						
1 Basis for Claim  ☐ Goods sold ☐ Services performed  ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 U S C § 1114(a)  Wages salaries and compensation (fill out below)  Last four digits of your SS #  Unpaid compensation for services performed  from						
2 Date debt was incurred 11-23-05	3 If court judgment, date obtained						
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file See reverse side for important explanations  Unsecured Nonpriority Claim 5  Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority  Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority 5  Specify the priority of the claim Domestic support obligations under 11 USC \$ 507(a)(1)(A) or (1)(1)(B)  Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 USC \$ 507(a)(4)  Contributions to an employee benefit plan 11 USC \$ 507(a)(5)							
5 Total Amount of Claim at Time Case Filed  (unsecured)  (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges							
6 Credits The amount of all payments on this claim has bee making this proof of claim 7 Supporting Documents Atlach copies of supporting documents invoices itemized statements of running accounts contagreements and evidence of perfection of lien DO NOT SE documents are not available explain. If the documents are vol 8 Date Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim.  Date Sign and print the name and title if any of file this claim (attach copy of power of att	ments such as promissory notes purchase tracts court judgments mortgages security ND ORIGINAL DOCUMENTS If the uminous attach a summary filing of your claim enclose a stamped self-						
Penalty for presenting Paudulens claim Fine of up \$ \$500 000 0	or imprisonment for up to 5 years or both 18 USC USA CMC						

Thursday D. C.						
UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada						PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense materials.						
Name of Creditor (The person or other entity to whom the debtor owes money or property) Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust	else you	e has filed ir claim A ing particu	a pr Attac ılarş		to	
Name and address where notices should be sent Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511 Telephone number (775) 530-7079	not case Che add	ices from e eck box if	the l	have never received a bankruptcy court in the address differs from the velope sent to you by	his ne	This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor		ck here ns claim	$\vdash$	eplaces amends a previously	filed o	laım dated 12/12/06
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		Ui	ages ast fo	e benefits as defined s salaries and compe our digits of your SS d compensation for s (date)	ensatio	n (fill out below)
2 Date debt was incurred March, 2001	3.	If cour	t ju	dgment, date obtain	ned	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 768,560 86  Check this box if a) there is no collateral or lien securing your by your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim, or none or thich is	Amour secured Up to \$2 or service \$ 507(a)( Taxes or sounts are	Checo of s  Brief R  Value at of d cla  225  pena peca	k this box if your claisetoff)  Description of Collaical Estate Mote of Collateral \$_t\$ arrearage and other claim if any \$_13,17  * of deposits toward in personal family, or altres owed to governify applicable paragrage to adjustment on	am is senteral tor Veh unknown thanges 78 21 purcha thousel mental aph of 1	ocured by collateral (including licle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in add		768,56 (unsecured	d)	(secured)	(prior	768,560 86  (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are volum Bate-Stamped Copy. To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim.	nts, such a cts court of ORIGIN ninous, atta	nd deduct is promiss udgments (AL DOC ach a sum	sory s, mo CUM marg	notes, purchase ortgages security ENTS If the year a stamped self-	T	SPACE IS FOR COURT USE ONLY
Sign and print the name and title if any of the file thus claim (attach copy of power of attorn 1/7/0)	e creditor ley if any	or other p		on authorized to	FILE	D JAN 10 200; usa cmc
Penalty for presenting fraudulent claim fungation to \$500,000		7.				

FORM BIO (Official Form	n 10) (10/05)						
United States Bankı	PROOF OF CLAIM						
Name of Debtor USA Commercial Mo							
	be used to make a claim for an administrative expayment of an administrative expense may be filed						
Name of Creditor (The perso	n or other entity to whom the debtor owes	☐ Check box if you are aware that					
money or property) Evelyn G Canepa Tr	-	anyone else has filed a proof of claim relating to your claim  Attach copy of statement giving					
Name and address where not Evelyn G Canepa Tr		particulars					
c/o Laurel E Davis		received any notices from the					
Lionel Sawyer & Coll		bankruptcy court in this case					
300 South Fourth Str	T - T						
Las Vegas, NV 89101		Check box if the address differs					
		from the address on the envelope					
Telephone number 702-3	83-8888	sent to you by the court	This Space is for Court Use Only				
Last 4 digits of account or of	her number by which creditor identifies debtor						
		Check here if this claim replaces a previously amends	filed claim dated				
1 Basis for Claim							
☐ Goods sold		☐ Retiree benefits as defined in 11	IUSC § 1114(a)				
☐ Services performe	d	■ Wages, salaries and compensat	non (fill out below)				
☐ Money loaned		Last four digits of SS #	,				
☐ Personal injury/wr	ongful death	Unpaid compensation for service					
☐ Taxes		fromto					
Other See attac	hment	(date)	(date)				
2 Date debt was incurre	toate)						
A Classification of Claur	Charle the appropriate have as how at he day						
Unsecured Nonpriority Cla	Check the appropriate box or boxes that describ See reverse side for important explanations	Secured Claim					
		Check this box if your claim is secure Brief Description of Collateral	d by collateral (including a right of setoff)				
or b) your claim exceeds	e is no collateral or lien securing your claim the value of the property securing it your claim is entitled to priority	Real Estate Motor Vehicle O					
Unsecured Priority Claim							
entitled to priority	an unsecured claim, all or part of which is	Amount of arrearage and other charge	us at time				
Amount entitled to priority \$		case filed included in the secured clan	n it any \$				
Specify the priority of the cla	ım		11 0217 V				
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	☐ Up to \$2,225* of deposits toward purch	hase lease or rental of property or				
☐ Wages salaries or commi	ssions (up to \$10 000) * earned within 180 ankruptcy petition or cessation of the	services for personal family or househ	nold use - 11 USC \ 507(\hat{a})(7)				
debtor s business whichev	rer is earlier - 11 USC § 507(a)(4)	☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)					
	yee benefit plan - 11 USC § 507(a)(5)	☐ Other - Specify applicable paragraph of 11 USC ♦ 507(a)()					
		*Amounts are subject to adjustment on 4 1 07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment					
5 Total Amount of Clain							
(unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  This Space is for Court Use Only							
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary.  FILED JAN 1 2 2007							
8 Date-Stamped Copy To self-addressed envelope ar	receive an acknowledgment of the filing of your old copy of this proof of claim	claim enclose a stamped					
Date	Sign and print the name and title if any of the credit this claim (attach copy of power of attorney if any)	tor or other person authorized to file	USA CMC				
January 12, 2007	isi Laurel E Davis, Counsel for Clai Laurel E Davis, Counsel for Claima		1072502018				
	,						

FORM B10 (Official Form 10) (10/05)

United States Bankr	PROOF OF CLAIM					
Name of Debtor USA Commercial Mor						
NOTE This form should not of the case A "request' for pr						
	or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.  Attach copy of statement giving				
Name and address where note G & L Trust Dated 11/ c/o Laurel E Davis Lionel Sawyer & Colli 300 South Fourth Stre Las Vegas, NV 89101  [clephone number 702-36]  Last 4 digits of account or other	25/91 ns eet, Surte 1700	particulars  Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court.  Check here replaces if this claim a previously	This Space is for Court Use Only			
		a previously amends	filed claim dated			
☐ Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wid ☐ Taxes ☐ Other See Attace	ongful death	☐ Retiree benefits as defined in 11 U S C § 1114(a) ☐ Wages salaries, and compensation (fill out below)  Last four digits of SS #  Unpaid compensation for services performed  from				
2 Date debt was incurre		(date)  3 If court judgment, date obtained	(date)			
L nsecured Nonpriority Clai  Check this box if a) there or b) your claim exceeds or c) none or only part of  I nsecured Priority Claim  Check this box it you have entitled to priority  Amount entitled to priority \$	See reverse side for important explanations in S	Amount of arrearage and other charges at time case filed  Amount of arrearage and other charges at time case filed  Amount of arrearage and other charges at time case filed included in the secured laim at the time case filed included in the secured claim, if any \$				
☐ Wages salaries or commis days before filing of the ba debtor s business whichey	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) assons (up to \$10 000) * earned within 180 ankruptcy petition or cessation of the er is earlier - 11 U S C § 507(a)(4) are benefit plan - 11 U S C § 507(a)(5)	☐ Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(7) ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) ☐ Other - Specify applicable paragraph of 11 U S C § 507(a)()  * Amounts are subject to adjustment on 4 ½ 07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment				
5 Total Amount of Claim at Time Case Filed \$						
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS of the documents are not available explain if the documents are voluminous attach a summary.  8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  This Space is for Court Use Only this Space is for Court Use Only are in the summary.						
Date	Sign and print the name and title it any of the cred this claim (attach copy of power of attorney if any)					
January 12, 2007	USA CMC					

Form B10 (Official Form 10) (04/04) ** PLEASE N	OTE I	NSTRUCTIONS ON REVERSE SIDE** 1U	ed Electronicalles u
UNITED STATES BANKNUSTOWCOURDS	DIS/TI	(ICT OF NEW AND A) (1/25/11 15:33:	PROOF CLAIM -Chapter
Name of Debtor USA COMMERCIAL MORTGAGE CO		Case Number 06 10725	
NOTE. This form should NOT be used to make a claim for an administra for payment of an administrative expense may be filed pursuant to 11 U.S.	tive exper C Section	ase arising after the commencement of the case. A 'request" in 803	
Name of Creditor (The person or other entity to whom the dowes money or property)	lebtor	Check box if you are aware that anyone else has filed a proof of	
TOM GLOY		claim relating to your claim Attach copy of statement giving particulars	
Name & address where notices should be sent Tom Gloy		Check box if you have never received any notices from the	
PO Box 4497 Incline Village, NV 89450		bankruptcy court in this case  Check box if the address differs	
Telephone number 775-846-9378		from the address on the envelope sent to you by the court	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which credite	or	Check here if this claim    Check here if this claim   Check here if this claim	claum dated 7/19/00
1 BASIS FOR CLAIM	□ R	lettree benefits as defined in 11 USC § 1114(a)	Amount Amount Trans.
☐ Goods sold		Vages, salaries, and compensation (FILL OUT BEL	.ow)
Services performed		Last four digits of your Social Security #	
Money loaned		Unpaid compensation for services performed from	m [
☐ Personal injury/wrongful death ☐ Taxes		To(data)	
Other		(date) (date)	i
	If con	rt judgment, date obtained	
4 Classification of Claim Check the appropriate box or b			the claim at the time case filed. See
reverse side for important explanations			
I transport Non-starte Claire	U	nsecured Priority Claim	
Unsecured Nonpriority Claim \$		Check this box if you have an claim, all or part of	which is entitled to priority
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of		Amount entitled to priority \$	minen is curried to historità
the property securing it, or if c) none or only part of your	1	• • • • • • • • • • • • • • • • • • • •	1
claim is entitled to priority		Specify the priority of the claim  Domestic support obligations under 11 U S C §	507(aVIVA) or (aVIVP)
Secured Claim		☐ Domestic support obligations under 11 U S C § ☐ Wages, salaries, or commissions (up to \$10,000).	
Check this box if your claim is secured by	1	before filing of the bankruptcy petition, or cessat	
collateral (including a right of setoff)	1 -	business, whichever is earlier 11 USC § 507(	a)(4)
Prief description of colleges	_	Contributions to an employee benefit plan - 11 U	
Brief description of collateral  Real Estate	1	Up to \$2,225* of deposits toward purchase, lease or services for personal, family or household use	
Value of collateral \$	1	Taxes or penalties owed to governmental units 1	
		Other Specify applicable paragraph of 11 U S C	
Amount of arrearage and other charges at time case filed included in secured claim if any \$	*Amo	wints are subject to adjustment on 4/1/07 and every three enced on or after the date of adjustment	
5 Total amount of claim at time case filed \$		\$200,990,00	_
(unsecure If all or part of your claim is secured or entitled to priority	•	(secured) (priority) (Total)	
Check this box if claim includes interest, or other cha			ch
an itemized statement of all interest or additional cha	-		
6 Credits The amount of all payments on this claim has b	een cre	dited and deducted for the purpose of making this	CTI
proof of claim			(This space for court use only)
7 Supporting documents Attach copies of supporting documents of running accounts contracts, court	<i>cuments</i> Judem	r such as promissory notes purchase orders, invoicents, mortgages security agreements and evidence	es, of
perfection of lien DO NOT SEND ORIGINAL DOCUM	MENTS	If the documents are not available, explain If the	·
documents are voluminous, attach a summary			1
8 Date-Stamped copy To receive an acknowledgment of envelope and a copy of this proof of claim			
Sign and print the name and title if any of the (attach copy of power of attorney, if any)  Date	e credito	or or other person authorized to file this claim	FILED NOV 0 2 2006
11/2/00 Cauntinsolin	x to	r Tom Gloy	USA CMC
Penalty for presenting fraudulent claim Fine of up to \$500,	000 or	imprisonment for up to 5 years, or both 18 USC	4

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	33:00 Page 9MMPP		
DISTRICT OF NEVADA		YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Number	Schedule/Claim ID s31845		
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification		
		\$11 538 46 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	pense Check box if you are	842,140,36 Secured		
arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address  JOYCE E SMITH TRUST DATED 11/3/99  C/O JOYCE E SMITH TRUSTEE  3080 RED SPRINGS DR  LAS VEGAS NV 89135 1548	to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be		
	Check box if this address differs from the address on the envelope sent to you by the	filed  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number $(102 + 240 - 8007)$ Last four digits of account or other number by which creditor identifies	court	THIS SPACE IS FOR COURT USE ONLY		
	Check here repla	a previously filed claim dated		
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree benefits as defined in 11 U S	C § 1114(a) Unremitted principal		
Services performed Taxes	Wages salaries and compensation	(fill out below) Other claims against servicer (not for loan balances)		
Money loaned Other (describe briefly)	Last four digits of your SS # Unpaid compensation for services pe	· · · · · · · · · · · · · · · · · · ·		
2 DATE DEBT WAS INCURRED 11-21-13	3 IF COURT JUDGMENT, DATE O	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describe your claim and state the amou	nt of the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	a right of setoff)	our claim is secured by collateral (including		
UNSECURED PRIORITY CLAIM	Brief description of			
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral	26		
Amount entitled to priority \$ 11538.	Amount of arrearage a	nd other charges at time case filed included in \$ 42, 140.36		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cossession of the debtors.	services for personal family of	ard purchase lease or rental of properly or ir household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		agraph of 11 U S C § 507(a) ( )		
		strnent on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 11,538.46 \$ AT TIME CASE FILED	842,140.36 \$	\$ 853,678,02		
(unsecured)  Check this box if claim includes interest or other charges in addition to the	(secured) ne principal amount of the claim Attach ite	(Total)  mized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the company of the proof of claim.	uments, such as promissory notes pur agreements, and evidence of perfectio documents are voluminous attach a su	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL immary		
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (collider and under the collider and under the collide	<ol> <li>prevailing Pacific time, on November</li> </ol>	per 13, 2006 USE ONLY		
for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group	BY HAND OR OVERNIGHT DELIVERY TO	Fig. DCT 3.1 200c		
Attn USACM Claims Docketing Center	Attn USACM Claims Docketing Center	er USA CMC		
P O Box 911 El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the	1330 East Franklin Avenue El Segundo CA 90245	1072500883		
this claim (attach copy of power of attorn	e creditor or other person authorized to file ney if any)			
10-28-06 (payer & Am	ille Vientee			

Case 06-10725-gwz Doc 8716-3 Entered 07/25/11 15:33:00 Page 10 of 11 FORM B10 (Official Form 10) (10/05)

TOTAL DISCOMMENT OF TOTAL TOTA					
UNITED STAILS BANKRUPTCY COURT	Dis	TRICT C	F Nevada		PROOF OF CLAIM
Name of Dubtor	Case	Number			111001 01 00 1111
USA Commercial Mort Game Come	Part 1	96-1	10725-6	Br	
NOTE This form should not be used to make a claim for an admini		ense ansı	ng after the comme	encement	]
of the case. A request for payment of an administrative expense ma	ay be filed	pursuant	to 11 USC § 503		_
Name of Creditor (The person or other entity to whom the			you are aware that a proof of claim re		
dubtor owes money or property)			a proof of claim re attach copy of state		ł
ADRIAN JIR COSTHULZEN		ng particu			
Name and address where notices should be sent			you have never rec		
5860LUUSGNNT DAVE	case		те рапктирісу сог	irt in tinis	
RAND NU 89511			the address differs		
Reno, NV 89511 Telephone number 775-849-7869	1	ress on un court.	e envelope sent to	you by	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor			replaces		es halos
identifies debtor	ıf th	ıs claım	amends a prev	rously filed	d claim dated 12/11/06
1 Basis for Claim		Re	etiree benefits as d	efined in 11	I U S C § 1114(a)
Goods sold		ΠW	ages salaries, and	compensat	ton (fill out below)
Services performed Money loaned			ist four digits of your paid compensation		
Personal injury/wrongful death			om		-
Taxes See FXHIBIT A		110	(date)		(date)
	12				
2 Date debt was incurred MAY-2005	3.	II cour	t judgment, date	obtained	
4 Classification of Claim. Check the appropriate box or boxes th	hat best des	cribe you	r claim and state th	ne amount o	of the claim at the time case file
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 1,355,647,65		Secur	ed Claum		
	•		Check this box if yo	our claim is	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	ir claim, or none or	a right	of setoff)		•
			Brief Description o		
Unsecured Priority Claim			Real Estate		
L Check this box if you have an unsecured claim all or part of we entitled to priority	which is		/alue of Collateral		
		Amour	nt of arrearage and it claim, if any \$_	other charge	es <u>at time case filed</u> included in
Amount entitled to priority \$					
Specify the priority of the claim		Up to \$2.	,225* of deposits t	oward purch	hase, lease, or rental of property sehold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)		§ 507(a)		iny or nous	senord use - 11 O S C
Wages salaries, or commissions (up to \$10,000),* earned within	~ 10/\ mm=				al units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 USC § 507(a)(4)	or s				f 11 USC § 507(a)()
		ounts are with resp	subject to adjustment to cases	ent on 4/1/0	07 and every 3 years thereafter after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(a)  Total Amount of Claim at Time Case Filed	)(5)		4765\$13546		
	<b>3</b>	Kunsecure	d) (secured	) (pr	7/355/647.65 nonty) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	ution to the	principa	I amount of the cla	um Attach	itemized statement of all
6. Credits The amount of all payments on this claim has been	credited ar	d deduct	ed for the purpose	of T	HIS SINCE IS FOR COURT USE ONLY
making this proof of claim			•	- 1	The second of th
7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contra	ents, such a	s promiss	sory notes, purchas	se l	
agreements, and evidence of perfection of lien DO NOT SENI	D ORIGIN	AL DOC	i, mortgages, secut		4 0 0007
documents are not available explain If the documents are voluminous, attach a summary					D JAN 10 2007
8. Date-Stamped Copy To receive an acknowledgment of the file	ing of your	claım, eı	nclose a stamped, s	elf-	
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title of one of the					
Date Sign and print the name and title, if any, of the file this claips (attach copy of power of attorn	ne creditor nev, if anv)	or other j	person authorized	to	
1.12.07 A (11012 )	JJ.			•	USA CMC
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() 11 <del></del>					1070504005

UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA	PRO	OF OF CLAIM	63.00 Pa	ige II of II	
	Casa Nu		1		
Name of Debtor  US A COMMERCIAL MOATGAGE (S	-10725LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A request for payment	ense of an	Check box if you are aware that anyone else has			
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address		statement giving particulars			
PANAGIOTIS DOVANIDIS + DIMITRA DOVANIDOU TIWAG	25	Check box if you have never received any notices			
		from the bankruptcy court or BMC Group in this case	DO NOT FILE TH SECURED INTER ONE OF THE DE	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS	
GLYFADA ATHENS, 16675		Check box if this address differs from the address on the	If you have aire	eady filed a proof of claim with the	
GREECE		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again	
Creditor Telephone Number ( ) 0//-30 2/0 -9(229) Last four digits of account or other number by which creditor identifies	C6			E IS FOR COURT USE ONLY	
Last four digits of account of other number by which creditor identifies the second of the number by which creditor identifies the second of the number by which creditor identifies the second of the number by which creditor identifies the second of the number by which creditor identifies the second of the number by which creditor identifies the second of the number by which creditor identifies the number by which creditors in the number by which creditor	Gebloi	Check here repla of this claim ame	r a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	, -	salaries and compensation digits of your SS#	(fill out below)	Other claims against servicer (not for loan balances)	
Money loaned	Unpaid o	compensation for services pe	erformed from	to	
A DATE DEDT WAS INCUIDED	3 IF C	OURT JUDGMENT, DATE (	ORTAINED	(date) (date)	
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$	vour olaim	Check this box if y	our claim is secui	red by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority.	our claim is	a right of setoff) Brief description o	f collateral		
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collatera	1 \$ 30	2,000 00	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any		at time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days	, C	Up to \$2 225* of deposits tow services for personal family	vard purchase lease or household use	e or rental of property or 1 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to g			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable pa Amounts are subject to adju- with respect to cases comme	istment on 4/1/07 ai	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	300	00,00 \$		\$ 50,000.00	
AT TIME CASE FILED (unsecured)	- (- ·	secured)	( priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach it	emized statement o	of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre					
7 SUPPORTING DOCUMENTS Attach copies of supporting documents mortgages security	<i>ument</i> s, si agreement	uch as promissory notes pul is and evidence of perfectio	rchase orders inv n of lien DO NC	oices itemized statements of	
DOCUMENTS If the documents are not available explain. If the a S DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	documents ie filing of y	are voluminous attach a su our claim enclose a stampe	ımmary ed self addressed	d envelope and copy of this	
The original of this completed proof of claim form must be sen	nt by mail	hand deli arad IFAYES	MOT	THIS SPACE FOR COURT	
ACCEPTED) so that if is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n prevailii	ng Pacific time, on Novemb	per 13 _ / 11	USE ONLY	
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY T	0	Ell ED MONGO	
BMC Group	Aitn USA 1330 Eas	SCIA FILE COLE of Franklii 777		FILED NOV 2 9 2006	
DATE SIGN and print the name and title if any of the		r other person authorized to file		1	
this claim (attach copy of power of attor	rney if any)	. 12.3. per seri additorized to me		1194 0140	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 USC §§	152 AND 3571	USA CMC	